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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations \$\frac{1}{4}\$			•		
SUBJECT: Pinn	Sacle Real Name of Lim	EState Gray	PTCUC	4	
	Amendment and fec(s) are sub				
Please return all correspo	ondence concerning this matter	to the following:			
	Milhel	C Socable Y Name of Person	<u></u>		
		Firm/Company			
	532 Colo	orado Avenu	<u>e</u>		
	Stuart, F	City/State and Zip Code			's' 'S'
	MILL BOCC	to be used for figure annual report notif	(Teation)	13 086	38.08C1
For further information c	oncerning this matter, please ca	all:		<u>:</u>	
Mikel c. Spraker at (772)463-0882			AM 3: 42	OF STA	
Name o	f Person	Area Code Daytime	e Telephone Number	~ >	SrOH2 E
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &	
<u>Mailing Addres</u>	ss:	Street Address:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L\9000 200360</u> .	were filed on October 29, 2019 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab $\bigcup_{i} A$	ility company here:			
The new name must be distinguishable and dontain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1908 St Port Saint Lucie Blvd Port Saint Lucie, Fr 34952			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1908 SE Port Saint Lucie Blue Port Saint Lucie Fl 34950			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Florida			
	City Zip Code			

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michele L. Scherger	632 Colorado Ave	🗆 Add
		Stuat FL 34994	
			Change
			□Add
			□Remove
			DChange
			□ Add
			□Remove
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an effective ote: If the	date, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 me date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list effective date on the Department of State's records.	05.0207 sted as
record spe I is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
ated <u>D</u>	ecember 11, 2019.	
	Signature of a member or authorized representative of a member	
	biguate of a member of Education of a member	